REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Applicati n Numb r	08/349,177
	Filing Dat	December 2, 1994
	First Named Inventor	Howard GREY
	Group Art Unit	1644
	Examiner Name	Ron Schwadron
	Attorney Docket Number	399632000623

To: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313

I hereby apply to withdraw as attorney or agent for the above identified application.

This request to withdraw is being made at the request of the applicant.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number [   ] ⟶ [   ]

Customer Number

OR

☒ Firm or Individual Name	Sterne, Kessler, Goldstein & Fox PLLC Eric K. Steffe
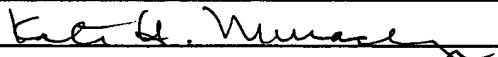
Address	1100 New York Avenue, N.W.				
City	Washington D.C.	State	D.C.	Zip	20005-3934
Country	US	Telephone	202.371.2600	Fax	202.371.2540

☒ This request is made on behalf of myself and

  ☐ all attorneys/agents of record,

  ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

  ☒ the attorneys/agents associated with Customer Number _____ 25225 _____

This request is enclosed in triplicate.

Name	Kate H. Murashige - Reg. No. 29,959
Signature	*[signature]*
Date	July 23 2003

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below.

Dated: 7/23   Signature: *[signature]* (Matt Russell)

sd-157102